



**City of Arlington
Volunteer Services
101 S. Mesquite Street – Suite 790
Arlington, Texas 76010
817-459-6869**

Name: _____ Position: _____
Last First Middle Initial

Address: _____
Street City Zip

If you have lived outside of Texas within the last seven years, indicate State(s) _____

Home Phone: _____ Work Phone: _____

Social Sec Number: _____ Driver's License (State and number): _____

Date of birth: _____

Education: (Circle one) 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 5 6 + Major _____

Employer _____

Dates of employment: _____ Phone: _____

Do you have charges pending or have you admitted guilt or been found guilty, including Deferred Adjudication, of committing felony or misdemeanor? (Include offenses for which probation was granted, excluding minor traffic violations but including DWI) ____ Yes ____ No

If your answer is "Yes", explain in the space provided, giving the dates and nature of the offense, the name and location of the court, and the disposition of the case.

Special skills/Educational training: _____

Volunteer/Community experience: _____

Circle the days and hours you are available:

Days: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Hours: Mornings Afternoons Evenings Weekends

In case of emergency, notify: Name: _____

Address: _____

Phone: _____

The information in this application is accurate, complete and is subject to verification by the City of Arlington. I authorize any person holding information on me, related to my application, to release it to the City of Arlington if so requested. I understand that the information provided by me may be used for the purpose of determining in my eligibility. I hereby release, indemnify and hold harmless any government entity, employer, and person furnishing or receiving records and information about me. I understand that any false information or omission in my application may be justification for refusal or, for termination of service with the City of Arlington.

I understand and agree that I am a volunteer when participating in all activities of the City of Arlington and I shall receive no payment for my services. No contract or agreement of employment is created by any written or oral representations made in connection with the Supplemental Employment Volunteer Program or in connection with any other program of the City of Arlington. I understand that I am not an employee of the City of Arlington, rather a volunteer who serves at the will of the City of Arlington. I have no expectation of continuing my participation in the program. As a volunteer, I may be dismissed from the program at any time, for any reason or the program may be discontinued at any time.

Signature of Applicant _____ Date _____

Parent or Guardian (for minors) _____ Date _____

FOR OFFICE USE ONLY

DPS records screen _____ please initial
WFS background screen _____ please initial
Department referred to _____
Contact _____

Attach supporting documents
DOB _____
Date _____
Extension _____